WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 11 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

791

2931

1. PLACE OF DEATH

County..... Registration District No. 1008 File No.....

Township..... Primary Registration District No..... Registered No. 125

City St. Louis Mo (No....., Sanitarium St. .....Ward)

2. FULL NAME William Bosler

(a) Residence, No. 1432 S. Broadway St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carrie Hofner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 5, 1885

7. AGE: Years 50 | Months 4 | Days 28 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd Jobs

10. Date deceased last worked at this occupation (month and year) about 1917

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Kinswick (STATE OR COUNTRY) Missouri

FATHER

13. NAME Andrew Bebler

14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Levina Fink

16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Iowa

17. INFORMANT William T. Beller M.D. (ADDRESS) 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Imperial Mo. DATE Jan. 6th. 1936

19. UNDERTAKER Wacker-Holderle (ADDRESS) 2331 S. Broadway

20. FILED JAN - 4 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/2/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/10/35, 19, to 1/2/36, 19

I last saw him alive on 1/2/36, 19. Death is said to have occurred on the date stated above, at 4:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Extensive acute peritonitis	12/27/35
Other contributory causes of importance:	
Gangrenous appendix	12/10/35

Name of operation Laparotomy with drainage Date of 12/27/35

What test confirmed diagnosis? P.M. Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) William T. Beller, M. D.

(Address) 5400 Arsenal St.